

# Best Available Copy

ISSUE SLIP STARTED AREA (for each original copy reference)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J		11/10/01
O.I.P.E. CLASSIFIER		20	11/19
FORMALITY REVIEW	H-T	913	11/27/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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